



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1085414

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 249259

Invoice Date: 04/26/2012 Terms: 0/0/30,n/30

Page 1

D & Z EXPLORATION
901 N. ELM ST.
P.O. BOX 159
ST. ELMO IL 62458
(618) 829-3274

DONOVAN #9
36673
28-14-22
04-19-2012
KS

L.D.E.
-I.D.C.
(Cement by Donovan #9)

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	129.00	10.9500	1412.55
1118B	PREMIUM GEL / BENTONITE	317.00	.2100	66.57
1111	SODIUM CHLORIDE (GRANULA	250.00	.3700	92.50
1110A	KOL SEAL (50# BAG)	645.00	.4600	296.70
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
548 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts:	1896.32	Freight:	.00	Tax:	142.70	AR	3719.02
Labor:	.00	Misc:	.00	Total:	3719.02		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36673

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/19/12	3392	Donovan # 9	NE 28	14	22	JD
CUSTOMER D + Z Exploration			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS 901 N Elm Street			506	FREMAD	Safety MA	
CITY St Elmo			495	HARBEC	HB	
STATE IL			369	DERMAS	DM	
ZIP CODE 62458			548	REIDET	RD	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 965' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 936 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 544 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush.
Mix + Pump 129 sks 50/50 Poz Mix Cement 2% Gel 5% Salt
5# K&I Seal/sk. Cement to surface. Flush pump + lines
clean. Displace 2 1/2" Rubber plug to casing TD. Release
pressure to set float valve. Shut in casing.

TOS Drilling (Chad)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30 mi	MILEAGE	455	120 ⁰⁰
5402	936	Casing Footage		N/C
5407	Minimum	Ton miles	548	350 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	180 ⁰⁰
1124	129 sks	50/50 Poz Mix Cement		1412 ⁵⁵
1118B	317 #	Premium Gel		66 ⁵⁷
1111	250 #	Granulated Salt		92 ⁵⁰
1110A	645 #	K&I Seal		296 ⁷⁰
4402	1	2 1/2" Rubber Plug		24 ⁰⁰
			7.525%	SALES TAX
				ESTIMATED TOTAL
				142 ⁷⁰
				3719 ⁰²

Ravin 3737

AUTHORIZATION Dee Belder

TITLE 249259

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

Johnson County, KS
Well: Donovan # 9
Lease Owner: D Z

Town Oilfield Service, Inc.
(913) 837-8400

Commenced Spudding:
4/17/2012

WELL LOG

Thickness of Strata	Formation	Total Depth
9	Soil/Clay	9
1	Lime	10
7	Sandstone	17
37	Shale	54
5	Lime	59
7	Shale	66
15	Lime	81
9	Shale	90
8	Lime	98
9	Shale	107
18	Lime	125
18	Shale	143
19	Lime	162
7	Shale	169
58	Lime	227
19	Shale	246
8	Lime	254
21	Shale	275
10	Lime	285
2	Shale	287
7	Lime	294
32	Shale	328
1	Lime	329
12	Shale	341
24	Lime	365
9	Shale	374
21	Lime	395
5	Shale	400
5	Lime	405
4	Shale	409
6	Lime	415
155	Shale	570
6	Sandy Shale	576
13	Shale	589
4	Lime	593
3	Shale	596
1	Lime	597
8	Shale	605
6	Lime	611
17	Shale	628

Thickness of Strata	Formation	Total Depth	Remarks
9	soil clay	9	
1	lime	10	
7	sandstone	17	
37	shale	54	
5	lime	59	
7	shale	66	
15	lime	81	
9	shale	90	
8	lime	98	
9	shale	107	
18	lime	125	
18	shale	143	
19	lime	162	
7	shale	169	
58	lime	227	
19	shale	246	
8	lime	254	
21	shale	275	
10	lime	285	
2	shale	287	
7	lime	294	
32	shale	326	
1	lime	327	
12	shale	339	
24	lime	363	
9	shale	372	
21	lime	393	

Thickness of Strata	Formation	Total Depth	Remarks
		395	
5	shale	400	
5	lime	405	
4	shale	409	
6	lime	415	
155	shale	570	
6	cardy shale	576	
13	shale	589	
4	lime	593	
3	shale	596	
1	lime	597	
8	shale	605	
6	lime	611	
17	shale	628	
3	lime	631	
9	shale	640	
9	lime	649	
106	shale	755	660 red bed
12	Broken sand	768	
105	shale	873	
1	sand	874	
15	core	889	mass - 8
76	shale	965	TD

BUCKEYE SUPPLY PIPE TALLEY

FROM <i>Wellsville</i>				DATE <i>4/15/12</i>			
TO <i>D.A. 2 Expansion</i>				P.O. NO.			
TALLY OF:	SIZE <i>2 1/2</i>	IN.	KIND <i>wset</i>	NEW <input type="checkbox"/>	USED <input checked="" type="checkbox"/>	CHG. NO.	
THREAD <i>8cd</i>		WEIGHT		ON (R.R. OR TRUCK CO.)			
				CAR OR TRUCK NO.			

NO.	FEET		IN.		FEET		IN.		FEET		IN.	
1	31	45	31	40								
2	31	50	31	70								
3	31	45	31	80								
4	31	10	31	80								
5	31	70	30	15								
6	30	65	31	40								
7	31	50	30	00								
8	31	50	31	45								
9	31	55	31	80	<i>- below seat</i>							
10	31	60	31	80	<i>- below seat</i>							
11	31	40										
12	31	50										
13	30	20										
14	31	40			<i>w/o THRS 10 seat</i>							
15	30	15										
16	31	75							872	15		
17	31	10										
18	31	60			<i>w/o THRS Total</i>							
19	31	80							935	45		
20	31	75										
Total	626	65	313	30								

TOTALS:	No. of Pieces <i>30</i>	Length <i>939</i>	Ft. <i>95</i>	In.
Remarks:	<i>Renover # 9</i>			
Tallied by	Received By			
<i>Harris + Terry</i>				